

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-012** by Wednesday, January 15, 2025, at 10:00 a.m.; include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 301 River Park Drive, East St. Louis, IL 62201. FAILURE TO ATTEND MANDATORY PRE-BID MEETING IS AUTOMATIC DISQUALIFICATION TO SUBMIT BIDS

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 613 NORTH 32ND STREET, ESL, 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: GENCIE PERKINS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.271.7925 ALTERNATE PHONE: 817.791.3705	MAILING ADDRESS:
EMAIL: KBNETT@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
WINDOWS: REMOVE AND REPLACE 7 DOUBLE HUNG WINDOWS W/CAPPING GUTTERS : REMOVE AND REPLACE , DOWNSPOUTS AND FASCIA		